United States Patent and Trademark Office
- Sales Receipt -

11/08/2005 JMCMILLA 00000003 500537 10701055

01 FC:1203 360.00 DA

Application No. 10/701,055

Amendment dated November 1, 2005

RESPONSE TO OFFICE ACTION dated August 19, 2005

NOV 0 3 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

and on the

N THE APPLICATION OF : Andreas Reineke

FOR : COMPUTER WITH COOLING DEVICE

SERIAL NO. : 10/701,055

FILED: November 4, 2003

CONFIRMATION NO. : 5538

EXAMINER : Yean Hsi Chang

ART UNIT : 2835

ATTORNEY DOCKET NO. : BE8794US

MAIL STOP AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action dated August 19, 2005, please amend the aboveidentified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

PTO/SB/06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application for Docket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			мимв	NUMBER EXTRA		FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))						RATE	\$	1	10012	
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =			0 - .		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	OR	}	\$	
IND	EPENDENT CLAI	MS				X \$=	 	OR	× \$=	<u> </u>
(37 CFR 1.16(b)) minus '3 = '				3 = .		× \$=	 	OR	× \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	<u></u>
CLAIMS AS AMENDED - PART II										
١.	(Column 1) (Column 2) (Column 3)					SMALL &	ENTITY	OR		R THAN ENTITY
X	11/3/05	CLAIMS REMAINII AFTER AMENDMI	νG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
ME	Total (37 CFR 1.16(c))	· 7	Minus	. 10	-		FEE		 	FEE
8	Independent	. 3	Minus		=	X \$=		OR	× \$=	
AMENDMEN₹	(37 CFR 1.16(b))					× \$=	-	OR	x s=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+364	360
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	360
	0,10	(Column 1)	(Column 2)	(Column 3)					
AMENDMENT B		CLAIMS REMAININ AFTER AMENDME	1G	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1,16(c))	•	Minus		=	x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(b))	•	Minus		=	x \$ =		OR	x \$ =	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ =		OR	+ \$ =	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1	1	(Column 2)	(Column 3)	•			'	
ENTC		CLAIMS REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total (37 CFR 1.16(c))		Minus	••	=	x s =		OR	x \$=	
IENC	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x \$=		OR	x \$	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ =		OR	+ \$ =	
						TOTAL ADD'L FEE		OR I	TOTAL ADD L FEE	
	* If the "Highest I * If the "Highest I	Number Previ Number Previ	ously Paid For	y in column 2, writ 'IN THIS SPACE IN THIS SPACE i Total or Independ	is less than 20, e	l. enter "20".	he appropriet			

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD 701053 Effective October 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE NUMBER EXTRA BASIC FEE 385.00 BASIC FEE 770.00 NUMBER FILED **FOR** TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR minus 3 = INDEPENDENT CLAIMS X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +290= +145= OR * If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL TOTAL **CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY** SMALL ENTITY OR (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT REMAINING TIONAL RATE TIONAL RATE MENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR X\$18=Minus X\$ 9= Total AMEND OR Minus Independent X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-PRESENT 8 REMAINING NUMBER RATE TIONAL RATE TIONAL **PREVIOUSLY AFTER EXTRA** AMENDMENT FEE FEE **AMENDMENT** PAID FOR Minus X\$ 9= X\$18= Total ** OR Minus Independent *** X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-NUMBER PRESENT REMAINING RATE TIONAL RATE TIONAL AFTER PREVIOUSLY **EXTRA** AMENDMENT **AMENDMENT** PAID FOR FEE FEE Minus X\$18= Total X\$ 9= OR Minus Independent = X86= X43 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number